



Welcome and thank you for your interest in the Youth Career Training Program (YCTP). YCTP is part of Seattle Parks and Recreation's Employment and Mentorship Services. The purpose of YCTP is to provide youth opportunities to experience personal growth and acquire 21st Century Skills.

In an ever changing job market having the skills necessary to compete becomes increasingly important. Teens and young adults are at the greatest disadvantage for entering the workforce after getting out of school. YCTP works to engage youth before they graduate to develop their critical thinking and technical skills to prepare them for the 21st Century job market. Internships are available for youth ages 14 – 19 years old in fields such as athletics, fashion design, digital media, cooking, and more. Available internships change depending on the quarter with the majority being offered during the summer. Once youth return their application they will be contacted for an interview and available internship opportunities will be discussed at that time.

**To be eligible for an internship opportunity you must:**

- Have a valid Social Security Card
  - If multiple internships are completed within the same calendar year a 1099 is required for tax filing
- Be 14 through 19 years old
- Be a resident of Seattle, WA
- Successfully complete the RACE: The Power of an Illusion Training

**Quarter Session Information:**

- Applications Due: **Saturday, May 13, 2017**
- Interviews: Tuesday – Thursday, June 6 – 9, 2017
- Start Date: Tuesday, July 11, 2017
- End Date: Thursday, August 31, 2017
- Days/Times: TBD with site supervisor

**Once you have met the requirements above you may APPLY for an internship by:**

- Emailing your YCTP Internship Application to [monique.calderon@seattle.gov](mailto:monique.calderon@seattle.gov).
- Hand Delivering or mailing your YCTP Internship Application to the following location:  
Westbridge Offices - 4209 W Marginal Way SW, Seattle, WA 98106
- If you have questions about the application or the process, please email [monique.calderon@seattle.gov](mailto:monique.calderon@seattle.gov) or call 206-225-0082

## **Training Requirements**

Only candidates that successfully complete the RACE: The Power of an Illusion Training (RPOI) and the Coping and Support Training (CAST) will be able to receive their stipends. The RPOI training is held on the first Saturday each month, for site location and times please email [monique.calderon@seattle.gov](mailto:monique.calderon@seattle.gov) or call 206-225-0082. The CAST training will be organized in conjunction with the internship schedules.

## **Selection Process**

Selections will be weighted 50% for the YCTP Application, 25% from the feedback provided by your instructors for the Race: The Power of an Illusion Training (RPOI) as well as Coping and Support Training (CAST). **This feedback is provided to note if you were able to positively engage in the training and apply lessons learned.** In addition, the remaining 25% will be allocated for your interview performance. Please make sure that all sections of the YCTP Application are completed. Incomplete YCTP Applications will lower your score which could impact the possibility of you receiving an internship.

### **If selected for an internship you must:**

- Maintain good attendance
- Possess a good attitude, work ethic, and willingness to learn
- Document your internship tasks and trainings on your Volunteer Service Sign-in Sheet or Timesheet provided by your site mentor/supervisor

## **Stipend Disbursement Process**

All stipends are \$599.00. Interns are required to provide their Volunteer Services Sign-in Sheet(s) or site timesheet. This completed form should detail your service learning activities and hours as well as have a signature from your assigned mentor/supervisor. In addition to this requirement, a completed and signed W-9 Form will be collected when you are placed in an internship. Upon receiving the required documents, a check made payable to you will be mailed 3 to 5 weeks after program documents are received. Checks are only made out to the intern, we cannot write checks for parents or other family members.

***\*Only full stipends are provided.** Therefore, participants must meet all program expectations which include completing the minimum requirement of **120 hours** of career exploration learning or civic leadership and community engagement in addition to completing the minimum requirement of **24 technical training hours** (RPOI & CAST) before payment is made.*

Sincerely,





## Application for Internship

Complete and submit this application for consideration of an internship opportunity with the Youth Career Training Program.

Only complete applications will be considered for an internship.

| Applicant Information   |                              |                             |  |                 |                              |                             |
|---|------------------------------|-----------------------------|--|-----------------|------------------------------|-----------------------------|
| First Name:   |                              | Last Name:                  |  | Middle Initial: |                              |                             |
| Date of Birth:  |                              | Age:                        |  | Gender:         |                              |                             |
| Phone Number:   |                              | Email:                      |  |                 |                              |                             |
| Address:  |                              |                             |  |                 |                              |                             |
| City:   |                              | Zip Code                    |  |                 |                              |                             |
| Date RPOI Completed   |                              | Dates of CAST               |  |                 |                              |                             |
| School:   |                              | Grade:                      |  | Drop Out?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parent/Guardian Information   |                              |                             |  |                 |                              |                             |
| First Name:   |                              | Last Name:                  |  |                 |                              |                             |
| Phone Number:   |                              | Email:                      |  |                 |                              |                             |
| Lives w/ Candidate:   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |                 |                              |                             |
| Please complete ALL of the following questions to the best of your ability.   |                              |                             |  |                 |                              |                             |
| 1. List at least 5 versatile talents and skills that you possess that does not limit you to any one specific career and can be used in any field of work? |                              |                             |  |                 |                              |                             |
|   |                              |                             |  |                 |                              |                             |
| 2. Please list 2 long term goals (can be achieved in the next 5-10 years) and 3 short term goals (can be achieved in the next 1-5 years):                 |                              |                             |  |                 |                              |                             |
|   |                              |                             |  |                 |                              |                             |
| 3. What do you enjoy doing in your free time that aligns with your long term goals for success?   |                              |                             |  |                 |                              |                             |
|   |                              |                             |  |                 |                              |                             |
| 4. Thinking about your life today, identify the things that matter most to you?   |                              |                             |  |                 |                              |                             |
|   |                              |                             |  |                 |                              |                             |
| 5. When you think about your long term goals, what would you say are the next 5-10 steps you plan to take to achieve those goals?                         |                              |                             |  |                 |                              |                             |
|   |                              |                             |  |                 |                              |                             |
| 6. What do you think is getting in your way of accomplishing these goals today?   |                              |                             |  |                 |                              |                             |
|   |                              |                             |  |                 |                              |                             |

| 7. Rate the following skills in 1 – 5 to indicate your comfort level performing each task?  |                                      |  |
|---|--------------------------------------|--|
| 1 = Very Comfortable  | 3 = I can learn how                  | 5 = Not comfortable                              |
| ___ Professionally answering phones   | ___ <b>Typing or Data Entry</b>      | ___ <b>Creating Flyers or Marketing Material</b> |
| ___ <b>Microsoft Office Programs</b>  | ___ Working in groups on one project | ___ <b>Working with Kids</b>                     |
| ___ <b>Working Outdoors</b>   | ___ Swimming                         | ___ <b>Working in the Kitchen</b>                |
| 8. Tell me about other skills you have that will help you in this internship? (Use the Coversheet of this application to help answer this question) |                                      |  |
| <br><br><br><br><br><br><br><br><br><br>  |                                      |  |
| 9. Write down 1-2 of your skills that you think need the most improvement?  |                                      |  |
| <p>“I would like to develop my writing skills or gain knowledge of effective time management”</p><br><br><br><br><br><br><br><br><br><br>           |                                      |  |
| 10. Do you prefer hands-on practice or a traditional classroom environment for developing new skills?   |                                      |  |
| <br><br><br><br><br><br><br><br><br><br>  |                                      |  |
| 11. Who do you have that supports you in accomplishing your goals and developing new skills?  |                                      |  |
| <br><br><br><br><br><br><br><br><br><br>  |                                      |  |

If chosen to participate in the Youth Career Training Program you will be expected to complete all program functions and assignments including any orientations, workshops, service hours, and celebrations. You will be expected to adhere to all policies on behavior, drug use, and appropriate dress codes in compliance with workplace expectations of the City of Seattle Parks and Recreation.

PRINT COMPLETED APPLICATION THEN SIGN

Applicant Signature: \_\_\_\_\_

Date:

Parent/Guardian Signature: \_\_\_\_\_

Date:



# 2017 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Facility/Program: \_\_\_\_\_

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If you have updated information on this form, please contact staff immediately to update.

## PARTICIPANT AND PARENT INFORMATION

|   |                  |                            |            |        |        |
|---|------------------|----------------------------|------------|--------|--------|
| Child's Name (First & Last)   |                  | Age                        | Birth Date | Male   | Female |
| Address   |                  | City                       | ZIP        | School | Grade  |
| Parent/Guardian Name (First & Last)   |                  |                            | Signature  |        |        |
| Day Phone   | Cell Phone/Pager | Evening Phone              |            | E-mail |        |
| Address (if different than above)   |                  | City                       |            | ZIP    |        |
| Relationship to Child<br><input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent |                  | Language(s) Spoken at Home |            |        |        |

## GENERAL AUTHORIZATIONS AND INFORMATION

My child has attended a Seattle Parks School Age Care Program.      ☐ No    ☐ Yes – Location: \_\_\_\_\_

My child has permission to participate in field trips including, but not limited to, visits to a local library or park, neighborhood walk, or other field trip as posted, by means of walking, public bus, Dept van, yellow bus.      ☐ YES    ☐ NO Initial Here \_\_\_\_\_

My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools.      ☐ YES    ☐ NO Initial Here \_\_\_\_\_

**Swimming Ability:**      ☐ Non Swimmer    ☐ Beginner    ☐ Intermediate    ☐ Advanced

My child may apply sunscreen \_\_\_\_\_ times during the day.    **I will provide sunscreen.**      ☐ YES    ☐ NO Initial Here \_\_\_\_\_

My child may be photographed (stills and video) for the City of Seattle, its Department of Parks and Recreation, the Associated Recreation Council, Advisory Council, or Community Center publications.      ☐ YES    ☐ NO Initial Here \_\_\_\_\_

|   |  |
|---|--|
| My child has the following behavioral issues which staff should be aware: _____ | I handle these behaviors in the following way: _____ |
|---|--|

## EMERGENCY CONTACTS (Also authorized for participant pick-up)

*The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list additional parents, guardians, and others you would like us to contact if we cannot reach you.*

|                                |                  |               |              |
|--------------------------------|------------------|---------------|--------------|
| 1) Contact Name (First & Last) |                  |               | Relationship |
| Day Phone                      | Cell Phone/Pager | Evening Phone | E-mail       |
| Address                        |                  | City          | ZIP          |
| 2) Contact Name (First & Last) |                  |               | Relationship |
| Day Phone                      | Cell Phone/Pager | Evening Phone | E-mail       |
| Address                        |                  | City          | ZIP          |

## PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

*Please list all individuals who are authorized to pick up your child. Individuals listed must be at least 14 years old. If an individual is not listed, your child will not be released. We will not accept voice authorization for pick-up.*

|         |              |           |               |
|---------|--------------|-----------|---------------|
| 1) Name | Relationship | Day Phone | Evening Phone |
| Address |              |           |               |
| 2) Name | Relationship | Day Phone | Evening Phone |
| Address |              |           |               |
| 3) Name | Relationship | Day Phone | Evening Phone |
| Address |              |           |               |

## Child Sign In and Sign Out Procedures

The parent or other person listed above authorized by the parent to take the child to and from the center/program site shall sign in the child on arrival and sign out the child at departure using a full, legal signature. When the child leaves the center/program site to attend school or other off-site activities as authorized by the parent, the staff person shall sign out the child and sign in the child upon return to the center/program. (WAC 170-297-2125)

MEDICAL HISTORY AND AUTHORIZATION INFORMATION

My child experiences the following: Please CHECK ‘None’ or all that apply. **Additional forms are required prior to your child attending if medical conditions are checked.** Providing this additional information will help us to ensure your child has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

☐ NONE

☐ ADD

☐ ADHD

☐ Allergies

☐ Asthma

☐ Asperger’s Syndrome

☐ Autism

☐ Behavior Disorder

☐ Diabetes

☐ History of Seizures

☐ Hearing Impairment

☐ Learning Disability

☐ Mental Disability

☐ Physical Disability

☐ Dev. Disability

☐ Visual Impairment

☐ Other: \_\_\_\_\_

Currently taking Medication at:

☐ Program

☐ School

☐ Home

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

|  |   |            |       |
|--|---|------------|-------|
| Child’s Name (First & Last)  | Age   | Birth Date | Grade |
| Medical Provider (First & Last)  | Dental Provider (First & Last)  |            |       |
| Address, City, Zip Code  | Address, City, Zip Code   |            |       |
| Phone  | Phone   |            |       |
| Date of Last Physical Exam:<br>Month _____ Year _____                                    | Date of Last Dental Exam:<br>Month _____ Year _____                                     |            |       |
| If you do not have a medical provider, in case of injury or incident, what is your plan: | If you do not have a dental provider, in case of injury or incident, what is your plan: |            |       |
| Preferred Hospital for Treatment:  |   |            |       |

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. I assume full financial responsibility for emergency treatment for my child. Initial Here \_\_\_\_\_

LEGAL DOCUMENTATION INFORMATION

Please complete the information below, that pertains to your child, regarding documentation relating to a parenting plan or a current restraining order which has been issued by a legal authority and is in affect in the State of Washington:

| PARENTING PLAN   | RESTRAINING ORDER  |
|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO    Expiration Date: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO    Expiration Date: _____ |
| If yes, provide copy for child’s program file                                      | If yes, provide copy for child’s program file                                      |

PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

**EVENT(S):** All programs and activities offered by or through Seattle Parks and Recreation and Associated Recreation Council including but not limited to recreation activities and classes, school age care, preschool, teen programs, special events, field trips, sports/athletics.

IN CONSIDERATION of my minor child (“the Minor”) being permitted to participate in any way in the EVENT(S), I agree: I know the nature of the EVENT(S) and the Minor’s experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, **including negligence** of the City of Seattle, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death (“risks”). Even understanding these risks I consent to the Minor’s participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Seattle, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

|   |   |  |
|---|---|--|
| Print or type<br>See Specific Instructions on page 2. | <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  |  |
|   | <b>2</b> Business name/disregarded entity name, if different from above   |  |
|   | <b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><i>(Applies to accounts maintained outside the U.S.)</i> |
|   | <b>5</b> Address (number, street, and apt. or suite no.)  | Requester's name and address (optional)  |
|   | <b>6</b> City, state, and ZIP code  |  |
| <b>7</b> List account number(s) here (optional)       |   |  |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

|                                       |  |  |  |   |   |  |  |   |  |  |
|---------------------------------------|--|--|--|---|---|--|--|---|--|--|
| <b>Social security number</b>         |  |  |  |   |   |  |  |   |  |  |
|                                       |  |  |  | - |   |  |  | - |  |  |
| <b>or</b>                             |  |  |  |   |   |  |  |   |  |  |
| <b>Employer identification number</b> |  |  |  |   |   |  |  |   |  |  |
|                                       |  |  |  |   | - |  |  |   |  |  |

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

|                  |                                   |               |
|------------------|-----------------------------------|---------------|
| <b>Sign Here</b> | <b>Signature of U.S. person ▶</b> | <b>Date ▶</b> |
|------------------|-----------------------------------|---------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.



**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for . . .  | THEN the payment is exempt for . . .  |
|--|---|
| Interest and dividend payments   | All exempt payees except for 7  |
| Broker transactions  | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4   |

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

| For this type of account:   | Give name and SSN of:   |
|---|---|
| 1. Individual   | The individual  |
| 2. Two or more individuals (joint account)  | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| 3. Custodian account of a minor (Uniform Gift to Minors Act)  | The minor <sup>2</sup>  |
| 4. a. The usual revocable savings trust (grantor is also trustee)<br>b. So-called trust account that is not a legal or valid trust under state law  | The grantor-trustee <sup>1</sup><br><br>The actual owner <sup>1</sup>                                   |
| 5. Sole proprietorship or disregarded entity owned by an individual   | The owner <sup>3</sup>  |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))  | The grantor <sup>4</sup>  |
| For this type of account:   | Give name and EIN of:   |
| 7. Disregarded entity not owned by an individual  | The owner   |
| 8. A valid trust, estate, or pension trust  | Legal entity <sup>4</sup>   |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553   | The corporation   |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization   | The organization  |
| 11. Partnership or multi-member LLC   | The partnership   |
| 12. A broker or registered nominee  | The broker or nominee   |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity   |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))  | The trust   |

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

**\*Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

## Seattle Parks and Recreation & Late Night Recreation Programs

### **Computer Use Agreement**

As a condition of my right to use the Seattle Parks and Recreation Internet service, I understand and agree with the following:

- I will use computing resources responsibly
- I will use the Internet and other computer resources for academic and enrichment activities only.
- I will only play educational games authorized by staff.
- I will follow the guidelines for printing set by the staff.
- I will only save material in my folder appropriate for educational use.
- I will not transmit or deliberately access obscene, indecent, harassing, defamatory, or otherwise offensive material in any form.

#### **I will use computing resources safely**

- I will not give out my name, picture, address, e-mail, or any other personally identifying information online.
- I will NOT access social media sites during Late Night (i.e. Facebook, Myspace, etc.)

#### **I will use computing resources respectfully**

- I will not deliberately attempt to harm or destroy data on any system on the network or internet.
- I will not damage computer equipment or alter computer settings.
- I will not alter other students' files.

#### **I will use computing resources in a manner that respects the intellectual property of others.**

- I will not install, store, or distribute unauthorized copyrighted software or materials.
- I will turn in work that I have created myself. If I borrow or copy material from other sources, I will properly cite those sources.

#### **I understand that:**

- I am responsible for what is done on my computer account.
- Staff can edit or remove any material that it believes may be unlawful, obscene, indecent, harassing, or otherwise objectionable.
- The staff does not promise that the functions of the internet service will meet any specific requirements you may have, or that the Internet service will be error-free or uninterrupted.
- I cannot use computing resources to violate City of Seattle policies, federal and state laws.
- Staff has the final say on what constitutes a violation of Internet policies. Those violations include but are not limited to all bulleted points in this agreement.

Participant Name:

Signature:

Staff Signature:

Date:



**Coping and Support Training (CAST) Permission Slip**  
**Seattle Parks and Recreation**

I hereby give my consent for \_\_\_\_\_ (name of participant)  
to participate in program services with Seattle Parks and Recreation, specifically Coping and  
Support Training. The above-named participant agrees to follow the Seattle Parks and Recreation  
“Code of Conduct”. Failure to do so may result in that individual’s immediate dismissal from the  
training and may jeopardize future opportunities to participate in the Youth Career Training  
Program.

- ☐ Yes, I do provide permission for my child to participate in the CAST program, including the  
Pre and Post Assessments.
- ☐ No, I do not provide permission for my child to participate in the CAST program, including  
the Pre and Post Assessments.

***I provide permission for my child to participate in the Coping and  
Support Training and I understand the above statements as written:***

---

Signature of Parent/Guardian

Print Name

Date



### Optional Demographic Survey

Please take a moment to fill out the survey below. As a Parks Department program we work hard to tell the public our story and to the extent that we reach out to our communities. By filling out this survey you are giving this program a more in depth story to tell. It will also help us to determine the areas that we need to improve. All answers will remain anonymous and are for reporting purposes only. Thank you – Monique Calderon (YCTP Coordinator).

#### I identify my gender as...

- ☐ Male
- ☐ Female
- ☐ Trans
- ☐ \_\_\_\_\_ (fill in the blank)
- ☐ Prefer not to disclose

#### I identify my race as...

- ☐ African American
- ☐ Asian/Pacific Islander
- ☐ Hispanic/Latino/Latina
- ☐ Native American/Alaska Native
- ☐ Not Indicated/Other
- ☐ White
- ☐ Prefer not to disclose

#### How would you describe your academic performance?

- ☐ Above Average
- ☐ Average
- ☐ Below Average

What is your age and year in school? \_\_\_\_\_

#### Do you plan to go to college?

- ☐ Yes
- ☐ No, I plan to get a technical or vocational degree
- ☐ No, I have no plans for after high school